



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8079

<b>SERIAL NUMBER</b> 09/830,488	<b>FILING DATE</b> 04/26/2001 <b>RULE</b>	<b>CLASS</b> 381	<b>GROUP ART UNIT</b> 2643	<b>ATTORNEY DOCKET NO.</b> RXSD1001-3
<b>APPLICANTS</b> Vincent Pluvinage, Atherton, CA; Rodney Perkins, Woodside, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/US00/26231 09/25/2000				
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA 09/407751 09/28/1999 UNITED STATES OF AMERICA 09/464036 12/15/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 188
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 12		
<b>ADDRESS</b> 22470				
<b>TITLE</b> System and method for producing and storing hearing profiles and customized audio data based on such hearing profiles				
<b>FILING FEE RECEIVED</b> 2227	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 830488	RECEIPT DATE:	04 / 26 / 01
IA NUMBER: PCT/	US00 / 26231	IA FILING DATE:	09 / 25 / 00
FAMILY NAME:	PLUVINAGE	DELAY WAIVED (Y/N):	N
GIVEN NAME:	VINCENT	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 28 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	RXSD 1001-3	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER: 000000	TELEPHONE	6507120340
		FAX	

NAME: HAYNES & BEFFEL

STREET: P O BOX 366

CITY: HALF MOON BAY

STATE/COUNTRY: CA ZIP: 94019

EMAIL:

APPLICATION TITLES:

SYSTEM AND METHOD FOR PRODUCING AND STORING HEARING PROFILES AND CUSTOMIZED AUDIO DATA BASED ON SUCH HEARING PROFILES

TAB TO LAST POSITION,PUSH SEND